



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

NOTIFICATION OF INTERNATIONAL TRAVEL

National Institutes of Health
Bethesda, Maryland 20892
Building:
Room:
Mail stop code:
Phone:
Fax:

Date :

Traveler :

SES or equivalent _____ Non-SES

Itinerary:

Amount and Source of Funding:

NIH:

Other:

Purpose:

Prepared by:

Telephone:

Clearance Initials: ICD _____ FIC _____ OPHS/OIHR _____ OS _____